FORM-GB Gift or Bequest information received

For office use only

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclassive Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of repelpt of the bift or bequest.

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<u> </u>	by a department or accepted by the
	Governor on behalf of the state
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ame of Department or (02 East 9th	Office	riculture and Land Steward			
			Des Moines, IA 50319	****	
ailing Address			City, State, Zip Code		*****

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Erinn Sprouse		Mission signs is in				
Name Same			ing the second section of the second			
Mailing Address (if			City, State, Zip (if o	different from above)		
Erinn.sprouse@iowaa Email Address	Sucnante Son		515-281-8611	·		
			Area Code & Teler	phone Number (it diff	erent from at	iove)

DONOR OF GIFT OR BEQUEST:

U.S. Dept of Interior Surface Min	ing a second second second	1	
Name	 	and the first of the state of t	<u> Parkin da a</u> nah Malaysia
501 Belle Street, Ste 216	Alton, IL 62002		
Mailing Address	City, State, Zip Code	06/27/2008	\$83,074.00
618-463-6463 Ext. 5114			*03,074.00
Area Code & Telephone Number		Date of Gift or Bequest	Amount∕Value*
jbautista@osmre.gov		"value is defined as "fair market value	e" of item as determined by
Email Address (optional)		receiving department or office. If no	value mark "0.00",

Provide a description of the gift or bequest and purpose thereof:

Reclamation of affected lands to encourage productive use of surface or underground mining operations.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Erinn Sprouse affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Revised 06/08

IQWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



City, State, Zip (if different from above)

Area Code & Telephone Number (if different from above)

515-281-8611

Down Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa Lucreceived by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. The Board will provide a copy or receipt at the gift or bequest.

FORM-G	В
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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT	OR OFFICE RECEIVING	THE GIFT OR	BEOUEST
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Iowa Department of Agricultur Name of Department or Office 502 East 9th		:
Mailing Address 515-281-8611	Des Moines, IA 50319 City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIEN Erinn Sprouse	DEPARTMENT OR OFFICE:	
Name Same Mailing Address (if different from above)		

DONOR OF GIFT OR BEQUES	

Erinn.sprouse@iowaagriculture.gov

Email Address

jbautista@osmre.gov Email Address (optional)		"value is defined as "fair market receiving department or office. I	value" of item as determined by f no value mark "0.00".
Area Code & Telephone Number	1	Date of Gift or Bequest	Amount/Value*
618-463-6463 Ext. 5114	City, State, Zip Code	06/27/2008	\$1,756,241.47
Mailing Address	City, State, Zip Code		
501 Belle Street, Ste 216	Alton, IL 62002		
Name		The Control of the program of the second section of the section o	
U.S. Dept of Interior Surface Min	nine		

Provide a description of the gift or bequest and purpose thereof:

The primary objective of this grant is to operate the Iowa Abandoned Mine Land program to insure the timely reclamation of Iowa's abandonded mine land problems.

Criteria to use this form:

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Stateme	ent o	f Aff	irma	tion:

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	Affirm that the gift or beguest reported at		
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d9969211 G1	It of the fall market value (if applicable) is correct and the table to	and a sum of the property of the	donor and
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Signature	april will		_6	-30-08
g.,				Date